

The Basics of Unemployment Insurance (UI) Claims Management

**Presented by
Unemployment Insurance Technical
Subcommittee**

Introduction to UI

Agenda

- ❑ What Is Unemployment Insurance?
- ❑ UI Claims Process
- ❑ UI Forms
- ❑ Eligibility
- ❑ Questions and Answers

What Is UI?

Provides weekly UI payments to those who suffer loss of work through no fault of their own.

Available to:

- ☐ **Former employees**
- ☐ **Part-time employees**
- ☐ **Intermittent, substitute employees**

**Individuals apply online at www.edd.ca.gov
or by phone at 1-800-300-5616.**

Claims Management Handbook

Claims Management Handbook for School Employers, DE 3450SEF

www.edd.ca.gov/pdf_pub_ctr/de3450sef.pdf

An excellent, comprehensive UI instructional manual produced by the Employment Development Department in conjunction with the UI Technical Subcommittee.

Employer's Responsibility

Issue EDD pamphlet *For Your Benefit – California's Programs for the Unemployed*, DE 2320, when an employee is:

- ☐ Discharged
- ☐ Laid-off
- ☐ Placed on a leave of absence

To view or order pamphlets at no cost, go to www.edd.ca.gov/forms/. Under “Search,” select the form number criteria and enter DE 2320.

UI Benefit Amounts

Determined by claimant's earnings

□ Weekly Benefit Amount:

- **Maximum - \$450**
- **Minimum - \$40**

□ Duration:

- **12 – 26 weeks.**
- **During periods of high unemployment, extensions may be granted by federal or state government.**

Base Period (BP)

Determines claimant's weekly benefit amount and employer's liability.

Base Period					Claim Begins			
Oct Nov Dec	Jan Feb Mar	Apr May June	July Aug Sept		Jan Feb Mar			
	Jan Feb Mar	Apr May June	July Aug Sept	Oct Nov Dec		April May June		
		Apr May June	July Aug Sept	Oct Nov Dec	Jan Feb Mar		July Aug Sept	
			July Aug Sept	Oct Nov Dec	Jan Feb Mar	April May June		Oct Nov Dec

Alternate Base Period (ABP)

- ✓ If not qualified under standard BP, may qualify under ABP.
- ✓ ABP includes wages from the four most *recently completed* calendar quarters.
- ✓ Complete a *Request for Wages, DE 1919*, within 10 days and return to the EDD.

FOR ILLUSTRATIVE PURPOSES ONLY

EDD Employment Development Department
State of California

REQUEST FOR WAGES

19190412

Mailing Date: 10/28/2012 Case Number: 0603906

SANTA CLARA COUNTY OFFICE OF EDUCATION
1200 RIDDER PARK DR # 264
SAN JOSE CA 95131-2304

EDD Integrity and Accounting Division
PO BOX 969153
West Sacramento, CA 95798-0153
Phone: (916) 400-6966
Fax: (916) 449-1656

Employee Name: Tim Clament SSN: XXX-XX-XXXX

The employee named above has filed a claim for Unemployment Insurance (UI) or Disability Insurance (DI) benefits and has listed your company as an employer. Please mail your response to the Employment Development Department (EDD) address, or fax to the number shown above by 11/08/2012.

If this form is not returned and/or no wage information is received, the Department may use the Affidavit of Wages, DE 23A, from the employee and add wages as appropriate. For UI claims, it could result in charges to your account.

Please complete sections A through G below. For additional information, review the information on the back of this form or contact us at the number listed above.

A. EDD Employer Account/State ID Number: _____
B. Employee's first date worked: _____ C. Last day worked: _____
D. Termination date: _____
E. Are employee's wages subject to UI or DI in California? If NO, explain and skip sections F and G.

F. California taxable gross wages paid in the following quarters:

Quarter ending:	Quarter ending:	Quarter ending:	Quarter ending:	Quarter ending:
06/30/2011	09/30/2011	12/31/2011	03/31/2012	
\$ 12,576	\$ 13,200	\$ 13,225	\$	

G. List any of the following types of monies paid on/after last day worked if it was paid during the above referenced timeframe:

Severance amount paid: \$ _____	Date Paid: _____
Accrued vacation/sick leave paid: \$ _____	Date Paid: _____
In-Lieu-of-Notice amount paid: \$ _____	Date Paid: _____
WARN Act amount paid: \$ _____	Date Paid: _____
Other amount paid: \$ _____	Specify type of pay: _____ Date Paid: _____

Comments: _____

Preparer's Name: Evvy Employer
Telephone Number: (923) 444-5555 Fax Number: (923) 444-5556

381941949 000393514

DE 1919 Rev. 0 (6-12)

Notice of Unemployment Insurance Claim Filed, DE 1101C/Z

Notifies
last employer that
a claim has been
filed or reopened.

EMPLOYMENT DEVELOPMENT DEPARTMENT #0490
1350 FRONT ST
SAN DIEGO, CA 92101-3617



THIS NOTICE WAS MAILED TO THE EMPLOYER/ADDRESS LISTED BELOW ON: 06/13/16

MILPITAS UNIFIED SCHOOL DISTRICT
1290 RIDDER PARK DRIVE, MC 264
SAN JOSE, CA 95131-2304

NEW CLAIM:
Additional Claim: ☒

EDD Phone Number: 1-800-300-5616
TTY (nonvoice) 1-800-815-9387

IMPORTANT: NOTICE OF UNEMPLOYMENT INSURANCE CLAIM FILED

This is a notice that a claim for Unemployment Insurance benefits has been filed. Forward it immediately to persons within your organization who are responsible for handling claims. The time limit for replying is 10 days from the mail date shown above. Failure to respond may result in an increase Employment Tax Rate.

The claimant provided us with the following information and listed you as his/her last employer:

Claimant's Name: **NOAH COMPRENDE**
Effective Date of Claim: **6/5/2016**

Social Security Number: **555-44-3210**
Last Date Worked: **5/24/2016**

Reason for Separation: **ON CALL**

I. EXPLANATION AND INSTRUCTIONS FOR EMPLOYERS

You have received this form because the individual shown above has filed a claim unemployment insurance benefits and has listed you as his/her most recent employer prior to filing this claim. **No reply is required if the claimant was laid off due to lack of work and no other eligibility issue has been identified.** For detailed information on employer responsibilities in the unemployment insurance program, our DE 44, California Employer's Guide is available upon request.

II. REPORTING FACTS - Respond in writing by completing Sections A, B, C on the reverse of this form.

The law requires an employer to submit any facts in his/her possession which may affect a claimant's eligibility for benefits. Furnish information if this claimant:

- Voluntarily quit
- Was discharged or fired for reasons other than lack of work.
- Left work because of a trade dispute.
- Is receiving a pension based on his/her prior work.
- Is working on a fulltime basis, or has earnings payable over \$25.99, covering any time on or after the effective date of this claim as shown on the reverse side of this form.
- Is not able to work, available for, or seeking work.
- Has refused employment.
- Is not legally entitled to work in U.S.
- Performed services as a sports or athletic participant and has reasonable assurance of performing services in the next season.
- Made false statements or withheld material information in filing for benefits.
- If you are a school employer, also furnish information if the claimant has a contract for or reasonable assurance of returning to work.

Important: Make your response as complete as possible; these facts will be used in determining the claimant's eligibility.

An EDD representative may contact you for further eligibility information. If a representative is unable to reach you, he/she may leave a message for you to return the telephone call. If after 48 hours no response has been received, the Department is required to make an eligibility decision based on available information.

III. TIME LIMITS FOR REPLYING

Submit facts in writing to the field office shown at the top of this form with 10 days of the mail date shown above. If your mailing is late, explain your reasons for delay as the time limit may be extended only for good cause. You may reply on this form in the space provided in Section IV, on additional sheets as needed, or by separate letter. Always include your State Employer Account Number and include the claimant's Social Security number as it appears on the claim and in your payroll records.

If you submit facts in a timely manner, a determination will be issued concerning the claimant's eligibility. In addition, if facts are submitted regarding a quit or discharge, a ruling will be issued advising an employer with a reserve account as to whether his/her account will be subject to charges resulting from benefits paid. To obtain a ruling on any prior quit or discharge involving this claimant, you must furnish facts within 10 days of the mail date shown above.

ADDITIONAL INFORMATION ON EMPLOYER RESPONSIBILITIES IS SHOWN ON THE REVERSE
Mail your response to the EDD office shown in the above upper left-hand corner.

(OVER)

DE 1101CZ, Rev. 7 (12-15)

CU
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Notice of Unemployment Insurance Claim Filed, DE 1101C/Z

- ☐ Mailed to designated address of record:
 - School district
 - Claims administrator

- ☐ Report any potential issues of eligibility:
 - Quit without good cause/terminated for misconduct.
 - Reasonable assurance to return to work.
 - Declined work or not available.
 - Working/wages.

Only 10 days to respond!

Employer False Statements


Misrepresentation or omission of facts pertaining to separations and reasonable assurance.

- **Financial penalty of 2-10 times claimant's weekly benefit amount (maximum of \$4,500).**
- **“Willful” means you should have known.**

Notice of Determination, DE 1080

✓ **Notifies employers of the EDD's decision.**

✓ **Appeal within 30 days of date mailed.**

SAN JOSE P.O. BOX 49004 SAN JOSE, CA 95161-9004		
NOTICE OF DETERMINATION		
MILPITAS SCHOOL DISTRICT 1450 1290 RIDDER PARK DRIVE, MC 264 SAN JOSE CA 95131		DATE MAILED 02/2/12 BENEFIT YEAR BEGAN 02/19/12
		EDD TELEPHONE NUMBERS: ENGLISH (800) 300-5616 SPANISH (800) 326-8937 CANTONESE (800) 547-3506 VIETNAMESE (800) 547-2058 OUTSIDE CA (800) 250-3913 TTY (800) 815-9387
 CONCERNING THE UNEMPLOYMENT INSURANCE CLAIM OF: N. COMPRENDE SSN 123-34-5678		
<p>YOU PROVIDED INFORMATION REGARDING THE ELIGIBILITY OF THE CLAIMANT NAMED ABOVE UNDER CALIFORNIA UNEMPLOYMENT INSURANCE CODE SECTION 1253.3 AND SECTION 1253C. WE HAVE CONSIDERED ALL OF THE AVAILABLE FACTS AND REACHED THE CONCLUSION STATED BELOW. PLEASE DO NOT RESUBMIT THE SAME ELIGIBILITY INFORMATION IN REPLY TO ANY FUTURE CLAIMS NOTICES. THIS DECISION IS FINAL UNLESS MODIFIED, RECONSIDERED, OR APPEALED. WE HAVE INFORMED THE CLAIMANT OF THE FOLLOWING RESULTS:</p> <p>"YOU ARE NOT ELIGIBLE TO RECEIVE BENEFITS UNDER CALIFORNIA UNEMPLOYMENT INSURANCE CODE SECTION 1253.3 BEGINNING 02/19/12 AND ENDING 02/25/12 (01 WEEK)."</p> <p>"YOU HAVE REASONABLE ASSURANCE OF RETURNING TO WORK WITH MILPITAS SCHOOL DISTRICT IMMEDIATELY FOLLOWING THE VACATION OR HOLIDAY RECESS PERIOD. AFTER CONSIDERING AVAILABLE INFORMATION, THE DEPARTMENT FINDS YOU DO NOT MEET THE LEGAL REQUIREMENTS FOR BENEFIT PAYMENTS ON WAGES EARNED WITH A SCHOOL EMPLOYER. YOU ARE ELIGIBLE FOR BENEFIT PAYMENTS BASED ON WAGES YOU EARNED IN NONSCHOOL EMPLOYMENT IF YOU MEET ALL OTHER ELIGIBILITY REQUIREMENTS."</p>		

Notice of Wages Used for Unemployment Insurance (UI) Claim, DE 1545R

- ✓ Notifies base period employer of wages used and liability.
 - ✓ Issued when first payment is made.
- Verify employment.
 - Verify wages.
 - Report eligibility issues.
 - 15 days to respond.

SAN FRANCISCO ADJUDICATION CENTER - 021
P.O. BOX 7013
SAN FRANCISCO, CA 94120-7013

EDD Employment Development Department
State of California

DE 1545R

NOTICE OF WAGES USED FOR UNEMPLOYMENT INSURANCE (UI) CLAIM
*RESPONSE MUST BE POSTMARKED BY 03/28/11

YOUR ACCOUNT NO. 943-4420-1
PREDECESSOR ACCOUNT NO. 00
CLAIM DATE 02/06/2011

MILPITAS UNIFIED SCHOOL DISTRICT
1290 RIDDER PARK DRIVE, MC 264
SAN JOSE, CA 95131-2304

*IF WAGES ARE CORRECT AND YOU DO NOT WISH TO SUBMIT ELIGIBILITY INFORMATION, NO FURTHER ACTION IS NECESSARY. THIS FORM IS FOR YOUR RECORDS.

THE PERSON NAMED BELOW HAS RECEIVED UI BENEFITS BASED IN TOTAL OR IN PART ON WAGES YOU REPORTED.

CLAIMANT'S NAME: NAME WAGES REPORTED UNDER SOCIAL SECURITY NUMBER OTHER SOCIAL SECURITY NUMBER
N COMPENDE N COMPENDE 555-44-3210

WAGES YOU REPORTED BY QUARTER USED TO ESTABLISH THIS CLAIM				TOTAL WAGES REPORTED BY YOU CR
12-31-09	03-31-10	06-30-10	09-30-10	
\$.00	\$ 618.80	\$ 1652.67	\$ 516.80	\$ 2,788.27

TOTAL WAGES REPORTED BY YOU AND ALL OTHER EMPLOYERS TO ESTABLISH THIS CLAIM \$ 6,032.69
THE PERCENTAGE OF BENEFITS CHARGEABLE TO YOUR ACCOUNT IS 46.219.9%
THE CLAIMANT'S WEEKLY BENEFIT AMOUNT IS \$145 TO A MAXIMUM BENEFIT AMOUNT OF \$ 3017

The maximum charges for each week benefits are paid will be \$ \$ 67.02.

TO SUBMIT FACTS AFFECTING THE CLAIMANT'S ELIGIBILITY, SUPPLY INFORMATION BELOW AND MAIL TO THE ADDRESS IN THE UPPER LEFT CORNER


The above statements were taken from business records or are based on knowledge of the undersigned.

PRINT NAME _____ DATE _____
SIGNATURE _____ PHONE NUMBER () _____

DE 1545R Rev. 4 (1-03) CU / PA852 Page 17

Request for Additional Information, DE 1326ER

- ✓ Checks for possible identity issues.
- ✓ Respond within 10 days from date mailed.

Office Address: EMPLOYMENT DEVELOPMENT DEPARTMENT PO BOX 2190 RANCHO CORDOVA CA 95741-2190		 Employment Development Department State of California				
REQUEST FOR ADDITIONAL INFORMATION						
Name and Address of Employer SANTA CLARA COUNTY OFFICE OF EDUCATION 1290 RIDDER PARK DRIVE, MC 264 SAN JOSE, CA 95131-2304		Mail Date: February 27, 2012 EDD TOLL FREE TELEPHONE NUMBER: 1-866-362-8833				
<p>Your assistance and cooperation are requested. The Employment Development Department must ensure that all charges made against your account are correct. To do this, we are asking for your help in verifying the validity of information provided by the individual named below when a claim for unemployment insurance benefits was filed. You do not need to respond to this request <u>unless</u> you feel the claim information listed below is potentially fraudulent or the employee is still working for you. The information is requested in accordance with Sections 1085 and 1092 of the Unemployment Insurance Code.</p> <p>SSA No.: 123-45-6789 Claim Effective Date: 02-19-12</p> <p>Name: NOAHE COMPRENDE</p> <p>IF THE EMPLOYEE NAMED ABOVE IS STILL WORKING FOR YOU OR YOU HAVE REASON TO BELIEVE THIS MAY BE A POTENTIALLY FRAUDULENT CLAIM, PLEASE COMPLETE AND RETURN THIS FORM IN THE ENCLOSED ENVELOPE WITHIN 10 DAYS FROM THE ABOVE MAIL DATE. In addition, please provide copies of other identity-related documentation (such as photo ID of the employee; the I-9, Employment Eligibility Verification form, signed by the employee; or a copy of the most recent W-2 that was issued to the employee) that would assist the Department in determining the validity of information provided by the claimant of unemployment insurance benefits. You are not required to provide this information; however, doing so may help to protect your account. Be sure to include the above social security number on each document you submit.</p> <p>NOTE: DO NOT INCLUDE ANY OTHER DEPARTMENT FORMS IN THIS ENVELOPE AS IT WILL DELAY THE PROCESS.</p> <p>Please provide the following information as it pertains to the individual named above:</p> <p>1. Other names and/or social security numbers the individual worked under: _____</p> <p>2. Dates of most recent employment: Began working on: _____ Still working full-time <input type="checkbox"/> Yes <input type="checkbox"/> No Last day of work: _____ Still working part-time <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Last known address and telephone number: Residence address: _____ Mailing address: _____ Telephone number: _____ Date this information was last known to be valid: _____</p> <p>PLEASE RESPOND TO ANY AND ALL FUTURE NOTICES THAT YOU MAY RECEIVE ON THIS SOCIAL SECURITY NUMBER.</p> <p>I hereby certify that the information submitted is true and correct to the best of my knowledge.</p> <table border="1"><tr><td>Completed by: _____</td><td>Date: _____</td></tr><tr><td>Title: _____</td><td>Telephone: _____</td></tr></table> <p>DE 1326ER Rev. 1 (8-07) CU Page 12</p>			Completed by: _____	Date: _____	Title: _____	Telephone: _____
Completed by: _____	Date: _____					
Title: _____	Telephone: _____					

Benefit Audit, DE 1296B


- ✓ Determines if there is an overlap in wages earned and UI benefits paid.
- ✓ Report weekly wages when earned, not paid.
- ✓ Respond within 10 days from date mailed.

BENEFIT AUDIT			
State of California/ Employment Development Department			
Social Security no. (SSN): 111-22-3333		REPLY IS REQUIRED BY LAW	
Employee Name: I. O. Yew		Please return ALL Benefit Audit forms.	
		See enclosed instructions for step-by-step assistance. For additional clarification, Call (916) 464-2350.	
		1. If this INDIVIDUAL WORKED or had earnings complete Items 2 through 6. For regular earnings report when actually worked. IF EARNINGS ARE ZERO for all of the weeks listed, CHECK HERE and complete Item 6. No other entries are necessary.	
SANTA CLARA COUNTY OFFICE OF EDUCATION 1290 RIDDER PARK DRIVE, MC 264 SAN JOSE, CA 95131-2304		SCCOE 942-4400 00 4,963 07/07/07 A 1	
Week Begins	Week Ends	2. GROSS Earnings	3. Circle Earnings Type Below
6/5/2011	6/11/2011		RE V H S R C P O
6/12/2011	6/18/2011		RE V H S R C P O
6/19/2011	6/25/2011		RE V H S R C P O
6/26/2011	7/2/2011		RE V H S R C P O
		4. Provide the following information: Actual First Day Worked: _____ Still Employed <input type="checkbox"/> or Actual Last Day Worked: _____ Additional dates (i.e., laid off, returned to work) and/or reason for separation: _____	
		5. Compare the name and SSN shown above with your records. Enter any differences below: SSN: _____ Name: _____ Please complete the audit even if name or SSN is different.	
		6. I hereby certify that the information provided is true and correct to the best of my knowledge. SIGNED: _____ Title: _____ Date: _____ Telephone No: _____ Person (if other than above) to be contacted for additional information: Name: _____ Telephone No.: _____	
		Please return ALL Benefit Audits within 10 days of receipt to: EMPLOYMENT DEVELOPMENT DEPARTMENT (EDD) P.O. BOX 3038 SACRAMENTO, CA 95812-3038 DE 1296B Rev. 21(6-95) 5231-0099815	

School Employee's Fund Employer Statement of Benefit Charges, DE 428F

Notifies employer of benefits paid to employees.

- ✓ Verify claimants are current or former employees.
- ✓ Protest any errors.

EDD DE 428F PO BOX 826880 MIC 19 SACRAMENTO, CA 94280-0001							
SANTA CLARA COUNTY OFFICE OF EDUCATION 1290 RIDDER PARK DRIVE, # 264 SAN JOSE, CA 95131-2304		Letter ID: L1980753600 Issued Date: April 23, 2015 Account ID: 942-4400-1 236150784_P1135_E1030					
SCHOOL EMPLOYEE'S FUND EMPLOYER STATEMENT OF BENEFIT CHARGES		TOTAL CHARGE (PLEASE DO NOT PAY) \$1870.00					
BENEFIT CHARGES FROM January 1, 2015, THRU March 31, 2015							
YOUR ACCOUNT NUMBER: 942-4400-1							
CLAIMANT SSN	CLAIMANT NAME	CLM DATE	CLM TYPE	CHG QTR	EMPLYR CHRG	CHG CODE	PDM CODE
111-11-1111	B DEGREG	12/21/14	A	3/31/15	1,840.00		00
222-22-2222	C LOCASC	06/02/13	A	3/31/15	-3.00		00
333-33-3333	S MEYERS	09/07/14	A	3/31/15	33.00	6	00

DE 428F Rev. 4 (8-13) PO BOX 826880 MIC 19, SACRAMENTO, CA 94280-0001 www.edd.ca.gov
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Job Refusals

Claimants must accept suitable work or show good cause for refusal.

- ✓ **Report all refusals of work.**
- ✓ **Document date job offered.**
- ✓ **Document date of assignment.**
- ✓ **Document reason given for refusal.**

Availability

Claimants must be able and available for suitable work.

- ✓ **Report any restrictions
(e.g., hours, days of week, assignments, medical)**
- ✓ **Report any dates unable to work
(e.g., illness, personal business, vacation)**

This issue is often raised in connection with a separation or a job refusal.

Wages

Wages earned are deducted from UI benefits.

- ✓ **Report all dates worked since effective date of claim.**
- ✓ **Report wages when earned, not paid.**
- ✓ **Wages must be reported on a weekly basis.**

Questions and Answers



The EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.